PTO/SB/21 (08-08)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

10/505,317 Filing Date **TRANSMITTAL** August 20, 2004 First Named Inventor **FORM** Tina Rademacher Art Unit 1618 **Examiner Name** Susan T. Tran e used for all correspondence after initial filing) Attorney Docket Number RO0861US (#90568) Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC X Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a **Proprietary Information** After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): request for continued examination and Request for Refund Express Abandonment Request return postcard receipt CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks 233 Document(s) Reply to Missing Parts/ . Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name D. Peter Hochberg Co., L.P.A. Signature Printed name D. Peter Hochberg Date Reg. No. 24,603 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Sean Mellino Typed or printed name

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Application Number

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vork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004 Complete if Known Suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/505.317 **Application Number** RANSMI Filing Date August 20, 2004 For FY 2008 Tina Rademacher First Named Inventor Examiner Name Susan T. Tran Applicant claims small entity status. See 37 CFR 1.27 1618 Art Unit TOTAL AMOUNT OF PAYMENT 1.270.00 Attorney Docket No. RO0861US (#90568) METHOD OF PAYMENT (check all that apply) Check | X | Credit Card Money Order None Other (please identify): 08-2441 Deposit Account Name: D. Peter Hochberg Co., L.P.A. X Deposit Account Deposit Account Number:_ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES Small Entity Small Entity Small Entity** Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 210 255 105 Design 210 105 100 50 130 65 Plant 210 105 310 155 160 80 Reissue 310 510 620 155 255 310 **Provisional** 210 105 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) 50 25 Each claim over 20 (including Reissues) 210 105 Each independent claim over 3 (including Reissues) Multiple dependent claims 370 185 Multiple Dependent Claims **Total Claims Extra Claims** Fee Paid (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Fee Paid (\$) Indep. Claims Fee (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof **Total Sheets** <u>Fee (\$)</u> (round up to a whole number) x 0.00 - 100 = 260.00 Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): RCE & 2-month extension of time 1,270.00

Submitted BY
Signature
Registration No. (Attorney/Agent)
Registration No. (Attorney/Agent)

Date Submits 5,200%

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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METHOD OF PAYMENT (check all that apply)	TOTAL AMOUNT OF PAYI	MENT (\$)	1,270.00	Attorney Dock	tet No. K	00861US (#90)568)	
Deposit Account Number: 08-2441 Deposit Account Name: D. Peter Hochberg Co., L.P.A.	METHOD OF PAYMENT (check all that apply)							
Application Type	Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 08-2441 Deposit Account Name: D. Peter Hochberg Co., L.P.A. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card							
Application Type	FEE CALCULATION							
Utility 310 155 510 255 210 105		FILING FE	ES SEA all Entity	RCH FEES Small Entity		Small Entity	Fees Paid (\$)	
Design 210 105 100 50 130 65					-			
Plant								
Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Fee (\$) Fee (\$) Fee (\$) Fee Paid (\$) Fee (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) Fee Paid (\$)	· ·				160			
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Signature

Name (Print/Type) D. Peter Hochberg

Registration No.

(Attorney/Agent)

Telephone

Date

24,603

216-771-3800